



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420**

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In reply to: 114

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

**IMPLEMENTATION OF PROCEDURES FOR ADMISSION OF RESIDENTS FROM
OEF/OIF FOR CARE IN VA COMMUNITY LIVING CENTERS
(FORMERLY KNOWN AS NURSING HOME CARE UNITS)**

1. The purpose of this Information Letter is to disseminate effective practices system-wide when receiving a resident from Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) into Department of Veterans Affairs (VA) Community Living Centers (CLCs) formerly known as Nursing Home Care Units (NHCUs). The practices recommended have been identified as effective by the field.

2. Background

a. VA has been tasked by a Congressional mandate to "ensure that nursing home care is provided in an age-appropriate manner." Congress believes young veterans who are injured or disabled through military service and require long-term care should have access to age-appropriate nursing home care.

b. The Office of Geriatrics and Extended Care (GEC) in Patient Care Services has launched an initiative to transform the culture of VA nursing home care. Based on this initiative, GEC recommends several actions be implemented when a resident from OEF/OIF is admitted to a VA CLC to ensure age-appropriate care.

(1) Utilize color, artwork and other interior design methods to enhance the space.

(2) Create common access areas that are welcoming and designed for both small and large groups, as well as privacy when needed.

c. GEC recommends the CLC Director take the following actions:

(1) Ensure that VA CLCs are vibrant and inviting especially to OEF/OIF veterans and families for whom nursing home care is shrouded with negative stereotypes and images of loneliness, boredom and isolation.

(2) Create communities of care where CLC interdisciplinary teams know the resident, and their personal preferences, and offer choice in all aspects of care. Work closely with the veteran's family to explain the resident's rights to receive care in an age-appropriate manner.

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(3) Admit OEF/OIF veterans to a private room or set aside specific rooms for this group of veterans when possible, with the provision for unlimited visiting by family and friends. If private rooms are not available, assign OEF/OIF veterans to a shared room with roommates of similar age, interest and functional abilities.

(4) OEF/OIF veterans should receive a comprehensive evaluation by an interdisciplinary rehabilitation team within a week following admission to the CLC. A comprehensive treatment plan should be developed based on the team assessment within two weeks following admission. The treatment plan will include statements regarding types of services recommended, their frequency, dates when the plan will be reviewed, and evidence of family involvement in the development of the plan.

(5) Provide regular reassessments to monitor the potential to move the resident to a less restrictive environment.

(6) Continue collaboration with the appropriate Polytrauma Rehabilitation Center (PRC) for Traumatic Brain Injury/Polytrauma patients to ensure that the plan of care is dynamic.

(7) Provide personal care consistent with the resident's sleep wake cycles and preferences including a greater emphasis on family centered care. These are young veterans and their families will want to be involved and not feel they have abandoned them.

(8) Ensure privacy for conjugal visits and provide education to staff regarding intimacy needs of individuals with disabilities.

(9) Create opportunities for meaningful use of time based on the resident's personal preferences. Create an environment (space) where the veteran can participate in normal day-to-day activities with family such as meals, birthdays, walks, watching movies, etc. Provide access to flat screen television, computer based games, unrestricted Internet access and other technology that not only addresses personal preferences for entertainment, but also encourages socialization and exercise. Provide access to current movies, books, magazines and newspapers.

(10) Provide food options and choices compatible with the resident's ability to eat and the resident's preferences for types of food and times for eating.

(11) Individualize the environment to the extent possible for personal belongings, personal preferences and décor.

(12) Ensure availability of properly trained staff sensitive to the unique needs of veterans with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), visual impairment, hearing impairment, chronic pain, behavioral impairments and other disorders due to disease or trauma.

d. The generational differences between OEF/OIF residents and older residents are significant enough that new and creative approaches to the delivery of care in VA CLCs is needed.

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3. Implementation of a specialized age-specific approach is strongly recommended upon the admission of an OEF/OIF resident into a VA CLC for any treating specialty including long or short stay services.

4. Questions regarding admission of residents from OEF/OIF into VA CLCs may be referred to Director, VA Community Living Centers, at (202) 461-6779.

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